## PART B - FEE(S) TRANSMITTAL

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| DICKE, BILLIG<br>FIFTH STREET T<br>100 SOUTH FIFT  | I<br>S<br>aa<br>tr                             | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmital is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |  |  |                      |                    |                            |
| MINNEAPOLIS, MN 55402  |  |  |  | Paul P. Kempf (Depositor's came)   |                      |                    |                            |
|  |  |  | /paulpkempf/ (Signatu  |  |                      | (Signature)        |                            |
|  | L  | July 10, 2007 (0   |  |  | (Date)               |                    |                            |
| APPLICATION NO.  | FILING DATE                                    |  | FIRST NAMED INVENTO  | OR .   | ATTORNEY DOCKET NO.  |                    | CONFIRMATION NO.           |
| 10/521,106 09/13/2005<br>TITLE OF INVENTION: BIPOLAR TRANSISTOR  |  |  | Josef Bock   |  | I435.121.101/12307US |                    | 6366                       |
| APPLN. TYPE  | SMALL ENTITY                                   | ISSUE FEE DUE  | PUBLICATION FEE DU   | E PREV. PAID ISSU  | E FEE TOT            | TAL FEE(S) DUE     | DATE DUE                   |
| nonprovisional   | NO   | \$1400   | \$300  | \$0  |                      | \$1700             | 07/10/2007                 |
| EXAMINER   |  | ART UNIT   | CLASS-SUBCLASS   | 7  |                      |                    |                            |
| CRANE, SARA W  |  | 2811   | 257-573000   | _  |                      |                    |                            |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37<br/>CFR 1.363).</li> </ol>  |  |  | 2. For printing on the patent front page, list   |  |                      |                    |                            |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.   |  |  | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name with be printed. |  |                      |                    |                            |
| ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  |  |  |  |  |                      |                    |                            |
| 3. ASSIGNEE NAME AND   |  |  |  |  |                      |                    |                            |
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| Infineon Tec   | Munich Germany                                 |  |  |  |                      |                    |                            |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗵 Corporation or other private group entity 🗀 Government  |  |  |  |  |                      |                    |                            |
| 4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   |  |  |  |  |                      |                    |                            |
| Issue Fee  |  | A check is enclosed.   |  |  |                      |                    |                            |
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| a. Applicant claims S  |  |  | b. Applicant is no lo  | nger claiming SMAI   | L ENTITY s           | tatus. See 37 CFR  | 1.27(g)(2).                |
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| Authorized Signature /paulpkempf/ Date July 10, 2007   |  |  |  |  |                      |                    |                            |
| Typed or printed name Paul P. Kempf  |  |  |  | Registration No. 39727   |                      |                    |                            |
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